

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 02-18-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the aquatic therapy, therapeutic exercises, neuromuscular re-education, therapeutic procedures, and myofascial release services rendered from 2/20/03 through 5/23/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 21, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

- **CPT Code 97112** for dates of service 3/10/03 and 5/2/03 was billed by the requestor and denied by the carrier. However, the carrier did not submit EOBs with respect to this code, and did not timely respond to the request for additional information. Since the carrier did not provide a valid basis for the denial of this service, **reimbursement is recommended in the amount of \$70.**
- **CPT code 97250** for date of service 5/2/03 was billed by the requestor and denied by the carrier. However, the carrier did not submit EOBs with respect to this code, and did not timely respond to the request for additional information. Since the carrier did not provide a valid basis for the denial of this service, **reimbursement is recommended in the amount of \$43.**
- **CPT code 97150** for date of service 5/2/03 was billed by the requestor and denied by the carrier. However, the carrier did not submit EOBs with respect to this code, and did not timely respond to the request for additional information. Since the carrier did not provide a valid basis for the denial of this service, **reimbursement is recommended in the amount of \$27.**
- **CPT Code 99204**-review of the office notes submitted for date of service 2/19/03 do not meet the documentation criteria set forth by the CPT Code descriptor for CPT Code 99204. Therefore, reimbursement **is not** recommended.
- **CPT code 97110** for dates of service 4/17/03 and 5/2/03 was billed by the requestor and denied by the carrier. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section

- 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. On this basis, reimbursement **is not** recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 3/10/03 through 5/2/03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 1st day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Revised Notice 06/25/04
Note: Attachment Added

June 17, 2004

Amended letter 07/27/04

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1812-01
 IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties

referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in Orthopedic Surgery which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1950. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when he slipped while cleaning a waste management truck. He hyper-extended his knee and an MRI revealed a torn medial meniscus. Apparently the patient underwent a right medial menisectomy and chondroplasty. Post-operative, the patient underwent therapy from ____

Requested Service(s)

Aquatic therapy, therapeutic exercises (one unit for 03/19/03 and 03/20/03, two units for 03/03/03 and 03/21/03, three units for 03/10/03 through 03/14/03, 03/24/03 through 03/28/03 and 03/31/03 through 04/04/03), neuromuscular reeducation (except for date 03/10/03), therapeutic procedures, myofascial release for dates 02/20/03 through 05/23/03 (except dates of service 04/17/03 and 05/02/03)

Decision

It is determined that the aquatic therapy, therapeutic exercises, neuromuscular reeducation, therapeutic procedures and myofascial release for dates of 02/20/03 through 05/23/03 were not medically necessary.

Rationale/Basis for Decision

The medical record provided does not indicate a logical basis for the degree, length and nature of treatment performed; nor does it indicate what physical therapy is considered to be usual, reasonable and customary. While formal physical therapy postoperatively may be indicated, such a program may often be performed in the home. Based on the documentation available, the medically indicated treatment plan to treat this patient would have been significantly less than that which was provided. Therefore, the aquatic therapy, therapeutic exercises, neuromuscular reeducation, therapeutic procedures and myofascial release for dates of 02/20/03 through 05/23/03 were not medically necessary.

Sincerely,